

SERFF Tracking Number:	ZURC-125708481	State:	Arkansas
Filing Company:	Universal Underwriters Life Insurance Company	State Tracking Number:	39491
Company Tracking Number:			
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name:	EZ Term		
Project Name/Number:	EZ Term/		

## Filing at a Glance

Company: Universal Underwriters Life Insurance Company

Product Name: EZ Term	SERFF Tr Num: ZURC-125708481	State: ArkansasLH
TOI: L04I Individual Life - Term	SERFF Status: Closed	State Tr Num: 39491
Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium	Co Tr Num:	State Status: Withdrawn
Filing Type: Form	Co Status: Not Applicable	Reviewer(s): Linda Bird
	Author: Ute Luedtke-Ahrens	Disposition Date: 09/17/2008
	Date Submitted: 07/01/2008	Disposition Status: Withdrawn
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

## General Information

Project Name: EZ Term	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: KS filed through Compact
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 09/17/2008	
State Status Changed: 09/17/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Filing a new term product with composite rates, utilizing existing form number ETGRAR	

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: ZURC-125708481 State: Arkansas  
Filing Company: Universal Underwriters Life Insurance Company State Tracking Number: 39491  
Company Tracking Number:  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: EZ Term  
Project Name/Number: EZ Term/

Ute Luedtke-Ahrens, Product Development ute.luedtke-ahrens@zurichna.com  
Consultant  
7045 College Blvd (913) 339-1697 [Phone]  
Overland Park, KS 66211

**Filing Company Information**

Universal Underwriters Life Insurance Company CoCode: 70173 State of Domicile: Kansas  
7045 College Blvd. Group Code: 212 Company Type: Life and Health  
Overland Park, KS 66211 Group Name: Zurich North America State ID Number:  
(800) 821-7803 ext. [Phone] FEIN Number: 43-0824418  
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SERFF Tracking Number: ZURC-125708481 State: Arkansas  
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Company Tracking Number:  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: EZ Term  
Project Name/Number: EZ Term/

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50.00 fee per policy including all forms associated with this policy if filed together.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Universal Underwriters Life Insurance Company	\$50.00	07/01/2008	21191793

SERFF Tracking Number: ZURC-125708481 State: Arkansas

Filing Company: Universal Underwriters Life Insurance Company State Tracking Number: 39491

Company Tracking Number:

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: EZ Term

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Linda Bird	09/17/2008	09/17/2008
Approved	Linda Bird	07/07/2008	07/07/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to withdraw filing 125708481	Note To Reviewer	Ute Luedtke-Ahrens	09/16/2008	09/16/2008

*SERFF Tracking Number:*      *ZURC-125708481*      *State:*      *Arkansas*  
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*TOI:*      *L04I Individual Life - Term*      *Sub-TOI:*      *L04I.103 Renewable - Single Life -*  
*Fixed/Indeterminate Premium*  
*Product Name:*      *EZ Term*  
*Project Name/Number:*      *EZ Term/*

## **Disposition**

Disposition Date: 09/17/2008

Implementation Date:

Status: Withdrawn

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125708481 State: Arkansas

Filing Company: Universal Underwriters Life Insurance Company State Tracking Number: 39491

Company Tracking Number:

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: EZ Term

Project Name/Number: EZ Term/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover letter		Yes
Form	LIFE INSURANCE APPLICATION		Yes
Form	TERM LIFE INSURANCE POLICY		Yes
Form	SCHEDULE PAGES		Yes

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*TOI:*      *L04I Individual Life - Term*      *Sub-TOI:*      *L04I.103 Renewable - Single Life -*  
*Fixed/Indeterminate Premium*  
*Product Name:*      *EZ Term*  
*Project Name/Number:*      *EZ Term/*

## **Disposition**

Disposition Date: 07/07/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125708481 State: Arkansas

Filing Company: Universal Underwriters Life Insurance Company State Tracking Number: 39491

Company Tracking Number:

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

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Form	TERM LIFE INSURANCE POLICY		Yes
Form	SCHEDULE PAGES		Yes

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*TOI:*      *L04I Individual Life - Term*      *Sub-TOI:*      *L04I.103 Renewable - Single Life -*  
*Fixed/Indeterminate Premium*  
*Product Name:*      *EZ Term*  
*Project Name/Number:*      *EZ Term/*

**Note To Reviewer**

**Created By:**

Ute Luedtke-Ahrens on 09/16/2008 02:58 PM

**Subject:**

Request to withdraw filing 125708481

**Comments:**

To Whom It May Concern;

Universal Underwriters Life Insurance Company wishes to withdraw the recent filing under ZURC-125708481. We discovered an error in the numbering scheme of the base policy and FleschScore of the application. We will resubmit our filing under ZURC-125818970.

Sincerely,

Ute Luedtke-Ahrens

SERFF Tracking Number: ZURC-125708481 State: Arkansas

Filing Company: Universal Underwriters Life Insurance Company State Tracking Number: 39491

Company Tracking Number:

TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: EZ Term

Project Name/Number: EZ Term/

## Form Schedule

Lead Form Number: ETGRAR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	JET APP-01	Application/LIFE INSURANCE Enrollment Form	APPLICATION	Initial		58	JET_APP_01 (bracketed).pdf John Doe App.pdf
	ETGRAR	Policy/Contract/Fraternal Certificate	TERM LIFE INSURANCE POLICY	Other	Other Explanation: Added company location and phone number, revised section 1.1	51	ETGRAR)June 08).pdf
	ETGRAR	Schedule Pages	SCHEDULE PAGES	Initial			SCHEDULE EZT10.pdf SCHEDULE EZT20.pdf SCHEDULE EZT30.pdf SCHEDULE EZTART.pdf

# Life Insurance Application

## Universal Underwriters Life Insurance Company

7045 College Boulevard

Overland Park, Kansas 66211-1523

1-888-634-6780

### Part A: General Information

#### Proposed Insured

Full Name \_\_\_\_\_ Birthplace (state or country) \_\_\_\_\_  
Street \_\_\_\_\_ How long have you been a United States resident? \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Driver's license number & state \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Social Security number - - - - - Employer \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer's street address \_\_\_\_\_  
Current annual earned income: \$ \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
☐ Male ☐ Female D.O.B. / / Marital Status \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
What is your height? \_\_\_\_\_ Weight? \_\_\_\_\_ Date of Employment \_\_\_\_\_

#### Present life insurance

Company	Amount	Date Issued	— Purpose —	
			Personal	Business
a. _____				
b. _____				
c. _____				

Are there life insurance applications pending with any other companies? ☐ Yes ☐ No  
Is this policy to replace any existing life insurance or annuity? ☐ Yes ☐ No  
If yes, indicate which policy(s) and the policy numbers: \_\_\_\_\_

#### New insurance plan

Plan name \_\_\_\_\_ Initial Death Benefit (Specified Amount if UL) \$ \_\_\_\_\_  
Planned Periodic Premium (UL Plans only) \$ \_\_\_\_\_  
If Universal Life (If neither is selected, Option A will be assigned:) ☐ Option A: Specified Amount includes cash value  
☐ Option B: Specified Amount plus cash value

#### Riders:

Waiver of Premium ☐ Yes ☐ No Other \_\_\_\_\_  
Child Rider (use for Dependent Children's Riders) (available ages 15 days through 18 years) ☐ Yes ☐ No

Have you ever used tobacco in any form? ☐ Yes ☐ No Date of last use \_\_\_\_\_  
Type of tobacco: \_\_\_\_\_ Amount: \_\_\_\_\_

Payment Method: ☐ ACH ☐ Credit Card ☐ Other \_\_\_\_\_  
Bill: ☐ Annual, ☐ Semi-Annual, ☐ Quarterly, ☐ Monthly  
Send premium notices and all other correspondence to: ☐ Residence ☐ Other \_\_\_\_\_

#### Beneficiary information

Primary*	% of proceeds	Relationship
_____	_____	_____
Contingent*	% of proceeds	Relationship
_____	_____	_____

\*If trust, give name/date of trust

#### Owner / Applicant

(Complete only if other than person to be insured)

Name \_\_\_\_\_ Relationship to person being insured \_\_\_\_\_  
Street \_\_\_\_\_ Social Security or Tax ID # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Part A (continued)

1. In the past five years have you, *or* do you intend to engage in piloting an aircraft, motor vehicle racing, SCUBA diving, hang gliding, parachuting, or mountain climbing? ☐ Yes ☐ No
2. Have you ever been convicted of reckless driving, or driving under the influence of alcohol or drugs, or had your license suspended? ☐ Yes ☐ No
3. Have you ever used drugs or any other controlled substance, except as prescribed by a physician or been advised to seek counseling for alcohol or drug abuse. ☐ Yes ☐ No
4. Have you ever had or been treated for or been advised by a member of the medical profession to seek treatment for: chest pain, high blood pressure, stroke, diabetes, cancer, a disease or disorder of the heart, lungs, digestive or genitourinary systems; or a mental or nervous disorder? ☐ Yes ☐ No
5. Have you ever been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or the Human Immunodeficiency Virus (HIV) infection or had a positive HIV test? ☐ Yes ☐ No
6. Have you ever been refused life insurance or been asked to pay an extra premium for life insurance? ☐ Yes ☐ No
7. Are you currently taking or have you been advised to take any medication? ☐ Yes ☐ No

**WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

**Part B: Agreement/Authorization to obtain and Disclose Information**

I (we) hereby acknowledge that all the questions and answers in the application, including all required parts, have been read to me. With a complete understanding of the questions, all the responses are true and complete to the best of my (our) knowledge and belief. I (we) promise to tell the Company of any change in the health or habits of the Proposed Insured that occurs after completing this application, but before the Policy is delivered to me (us) and the first premium is paid.

I (we) agree:

1. This application, including all of its parts, will be the basis for and form part of the Policy;
2. An Agent has no authority to alter the Company's rules or requirements, the Agreement, the Receipt, or the Policy;
3. The first premium will not be deemed paid unless any check, draft, or other instrument of payment (given as premium) is paid in accordance with its terms;
4. The insurance applied for never takes effect unless, during the lifetime of the Proposed Insured: (a) the Policy has been issued, and accepted by me (us); (b) the required first premium has been paid; (c) any amendments issued with the Policy have been completed and signed; all while the health and habits of the Proposed Insured remain as stated in this application.
5. In those states where required by state regulations, the Company will notify the prospective insured within (60) days of the application as to whether or not the application has been accepted or rejected or will give the reason for further delay.

Amendments to plan, amounts, classification or benefits will be made only with my (our) consent.

I (we) have been read the notification about the Medical Information Bureau and have consented to an inquiry.

Signed at \_\_\_\_\_  
City and State

X

Signature of Proposed Insured/Signature of Parent or Guardian (if proposed Insured is a minor)

on \_\_\_\_\_  
Month/day/year

X

Signature of Owner/Applicant, if other than Proposed Insured

X  
Signature of Agent/Witness

Print Agent name

Agent License Number

# Life Insurance Application

## Universal Underwriters Life Insurance Company

7045 College Boulevard

Overland Park, Kansas 66211-1523

1-888-634-6780

### Part A: General Information

#### Proposed Insured

Full Name JOHN DOE Birthplace (state or country) ARKANSAS  
Street 123 MAIN STREET How long have you been a United States resident? LIFE  
City LITTLE ROCK State AR Zip 72201 Driver's license number & state AR-123123123  
Home Phone: (501 ) 555 Expiration Date 10/2010  
Social Security number 123-45-6789 Employer LUBE SHOP  
Occupation LUBE TECHNICIAN Employer's street address 456 MAIN STREET  
Current annual earned income: \$ 25,000 City LITTLE ROCK State AR Zip 72201  
☒ Male ☐ Female D.O.B. 01/01/1973 Marital Status M Work Phone: (501 ) 555  
What is your height? 5'11" Weight? 180 LBS Date of Employment 01/01/2000

#### Present life insurance

Company	Amount	Date Issued	— Purpose —	
			Personal	Business
a. <u>NONE</u>				
b. _____				
c. _____				

Are there life insurance applications pending with any other companies? ☐ Yes ☒ No  
Is this policy to replace any existing life insurance or annuity? ☐ Yes ☒ No  
If yes, indicate which policy(s) and the policy numbers: \_\_\_\_\_

#### New insurance plan

Plan name EZ TERM 10 YEAR LEVEL Initial Death Benefit (Specified Amount if UL) \$ 100,000  
Planned Periodic Premium (UL Plans only) \$ \_\_\_\_\_  
If Universal Life (If neither is selected, Option A will be assigned:) ☐ Option A: Specified Amount includes cash value  
☐ Option B: Specified Amount plus cash value  
Riders:  
Waiver of Premium ☐ Yes ☒ No Other \_\_\_\_\_  
Child Rider (use for Dependent Children's Riders) (available ages 15 days through 18 years) ☐ Yes ☒ No  
Payment Method: ☒ ACH ☐ Credit Card ☐ Other \_\_\_\_\_  
Bill: ☐ Annual, ☐ Semi-Annual, ☐ Quarterly, ☒ Monthly  
Send premium notices and all other correspondence to: ☐ Residence ☐ Other \_\_\_\_\_

#### Beneficiary information

Primary*	% of proceeds	Relationship
<u>JANE DOE</u>	<u>100</u>	<u>SPOUSE</u>
Contingent*		
_____	_____	Relationship _____
_____	_____	Relationship _____

\*If trust, give name/date of trust

#### Owner / Applicant

(Complete only if other than person to be insured)

Name \_\_\_\_\_ Relationship to person being insured \_\_\_\_\_  
Street \_\_\_\_\_ Social Security or Tax ID # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Part A (continued)

1. In the past five years have you, *or* do you intend to engage in piloting an aircraft, motor vehicle racing, SCUBA diving, hang gliding, parachuting, or mountain climbing? ☐ Yes ☒ No
2. Have you ever been convicted of reckless driving, or driving under the influence of alcohol or drugs, or had your license suspended? ☐ Yes ☒ No
3. Have you ever used drugs or any other controlled substance, except as prescribed by a physician or been advised to seek counseling for alcohol or drug abuse? ☐ Yes ☒ No
4. Have you ever had or been treated for or been advised by a member of the medical profession to seek treatment for: chest pain, high blood pressure, stroke, diabetes, cancer, a disease or disorder of the heart, lungs, digestive or genitourinary systems; or a mental or nervous disorder? ☐ Yes ☒ No
5. Have you ever been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or the Human Immunodeficiency Virus (HIV) infection or had a positive HIV test? ☐ Yes ☒ No

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Part B: Agreement/Authorization to obtain and Disclose Information**

I (we) hereby acknowledge that all the questions and answers in the application, including all required parts, have been read to me. With a complete understanding of the questions, all the responses are true and complete to the best of my (our) knowledge and belief. I (we) promise to tell the Company of any change in the health or habits of the Proposed Insured that occurs after completing this application, but before the Policy is delivered to me (us) and the first premium is paid.

I (we) agree:

1. This application, including all of its parts, will be the basis for and form part of the Policy;
2. An Agent has no authority to alter the Company's rules or requirements, the Agreement, the Receipt, or the Policy;
3. The first premium will not be deemed paid unless any check, draft, or other instrument of payment (given as premium) is paid in accordance with its terms;
4. The insurance applied for never takes effect unless, during the lifetime of the Proposed Insured: (a) the Policy has been issued, and accepted by me (us); (b) the required first premium has been paid; (c) any amendments issued with the Policy have been completed and signed; all while the health and habits of the Proposed Insured remain as stated in this application.
5. In those states where required by state regulations, the Company will notify the prospective insured within (60) days of the application as to whether or not the application has been accepted or rejected or will give the reason for further delay.

Amendments to plan, amounts, classification or benefits will be made only with my (our) consent.

I (we) have been read the notification about the Medical Information Bureau and have consented to an inquiry.

Signed at LITTLE ROCK, AR  
City and State

on 06/30/2008  
Month/day/year

X  
Signature of Agent/Witness

X  
Signature of Proposed Insured/Signature of Parent or Guardian (if proposed Insured is a minor)

X  
Signature of Owner/Applicant, if other than Proposed Insured

\_\_\_\_\_  
Print Agent name

\_\_\_\_\_  
Agent License Number

**UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY**  
7045 College Boulevard \* Overland Park, Kansas 66211-1523

**QUESTIONS OR PROBLEMS WITH YOUR POLICY?**

If you have any questions or problems with your policy, you may contact us or your agent at the addresses below:

Universal Underwriters Life Insurance Company  
7045 College Boulevard  
Overland Park, Kansas 66211-1523  
Telephone: (888) 634-6780

Agent Name «AgentName»\_\_\_\_\_

Street Address «AgentAddr1»\_\_\_\_\_

City, State & Zip Code «AgentAddr2» «AgentAddr3»\_\_\_\_\_

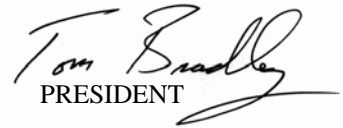
Telephone No. «AgentPhoneNo»\_\_\_\_\_

If the above fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
Consumer Services Divisions  
1200 West Third  
Little Rock, Arkansas 72201-1904  
(501) 371-2640  
1-800-852-5494

**UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY** (a stockcompany)  
WITH HOME OFFICE LOCATED IN OVERLAND PARK, KS,  
PHONE 1-888-634-6780  
AGREES TO PAY THE BENEFITS PROVIDED IN THIS POLICY,  
SUBJECT TO ITS TERMS AND CONDITIONS, SIGNED AT  
OVERLAND PARK, KANSAS, ON THE DATE OF ISSUE

  
SECRETARY

  
PRESIDENT

**TERM LIFE INSURANCE POLICY**

**Life Insurance Amount Payable at Death of Insured.  
Premiums Payable for Stated Period.  
Convertible.  
No Dividends.  
Schedule of Premiums and Life Insurance Amount on Page 3.  
Non Participating.**

**RIGHT TO EXAMINE AND CANCEL POLICY**

**READ THIS POLICY CAREFULLY.**

**You may cancel this policy by delivering or mailing a written notice or sending a telegram to Universal Underwriters Life Insurance Company, 7045 College Boulevard, Overland Park, Kansas 66211-1523 and by returning the policy or contract before midnight of the twentieth day after you receive the policy. Notice given by mail and return of the policy or contract by mail are effective on being postmarked, properly addressed and postage prepaid. The insurer must return all payments made for this policy within twenty days after it receives notice of cancellation and the returned policy.**

**If returned, the policy or contract will be considered void from the beginning.**

## GUIDE TO POLICY PROVISIONS

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SCHEDULE OF PREMIUMS	3
SECTION 1. THE CONTRACT	4
Life Insurance Amount. Misstatement of Age. Suicide. Incontestability. Dates. Entire Contract.	
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SECTION 3. OWNERSHIP	5
Rights of Owner. Transfer of Ownership. Assignment.	
SECTION 4. PREMIUMS, REINSTATEMENT, AND RENEWAL	5,6
Amount of Payment. Grace Period. How To Reinstate the Policy. Renewal.	
SECTION 5. PAYMENT OF POLICY BENEFITS	6,7,8
Method of Payment. Payment Plans. To Whom Benefits Are Payable.	
SECTION 6. BENEFICIARIES	8
Designation and Change of Beneficiaries. Effect of a Transfer of Ownership. Death of a Payee Under Payment Plans.	
ADDITIONAL BENEFITS (if any)	Following Page 9
APPLICATION	Attached to the Policy

### ENDORSEMENTS

To be made by us at our Home Office

All personal pronouns in this policy refer to Universal Underwriters Life Insurance Company.

## SECTION I. THE CONTRACT

### 1.1 LIFE INSURANCE BENEFIT

- a. Life Insurance Amount. We agree, subject to the terms and conditions of this policy, to pay the Life Insurance Amount for the policy year in which death occurs, as shown on page 3. Receipt of due proof of death and the surrender of the policy at our Home Office constitutes a claim for this benefit.
- b. Misstatement of Age or Sex. If the age or sex of the Insured has been misstated, the amount payable will be the amount which the premiums paid would have purchased at the correct age and sex.
- c. Suicide. If the Insured dies by suicide, while sane or insane, within two years from the Date of Issue, the amount we will pay is limited to the premiums paid.

### 1.2 INCONTESTABILITY

We will not contest this policy after it has been in force during the lifetime of the Insured for two years from the Date of Issue. This limitation does not apply if the premiums have not been paid.

### 1.3 PAYMENTS

All payments by us under this policy are payable at our Home Office.

### 1.4 NO DIVIDENDS

This policy does not pay any dividends.

### 1.5 DATES

The contestable and suicide periods begin with the Date of Issue. Policy years, anniversaries, attained ages, and premium due dates are computed from the Policy Date. The insurance age of the Insured is determined as the age last birthday as of the Policy Date.

### 1.6 POLICY CHANGES

No change in this policy is valid unless approved by one of our officers. We may require that the policy be submitted to show any change. No agent has the authority to change the policy or to waive any of its provisions.

### 1.7 ENTIRE CONTRACT

The entire contract consists of this policy and the attached written application. In issuing this policy, we have relied upon this application. All statements in it are assumed to be true and complete to the best of the knowledge and belief of the persons making them. These statements are representations and not warranties. No statement will cause this policy to be rescinded or be used in defense of a claim unless it is contained in the written application and a copy of this application is attached to this policy when it is issued.

### 1.8 CHANGE OF PLAN

The plan or amount of insurance, or both may be changed by mutual agreement of the Owner and us.

## SECTION 2. POLICY CONVERSION

### 2.1 TYPE OF POLICY

This policy may be converted, on or before the Final Conversion Date shown on page 3, to any permanent individual life policy offered by our Company.

### 2.2 AMOUNT OF CONVERSION

The amount of life insurance that can be converted cannot be greater than the Life Insurance Amount on the date of conversion. This policy can be converted in whole or in part subject to our minimum policy requirements at that time. The availability of a plan is guaranteed for conversion purposes.

### 2.3 TIME AND POLICY DATE

Conversion can be made on or before the Final Conversion Date shown on page 3. The date of conversion will be the policy date of the new policy.

### 2.4 ADDITIONAL BENEFITS

Any rider providing for additional benefits will be included in the new policy if such a rider is in force under this policy on the date of conversion. They are also available only if we issue such a rider with the new policy at the then attained insurance age of the insured.

A rider providing for benefits for total disability will not be available if the Insured is totally disabled as defined in the rider on the date of conversion.

### 2.5 SUICIDE AND/OR CONTESTABLE PERIODS

The suicide and/or contestable periods of the new permanent individual policy will begin as of the Date of Issue of this policy.

## SECTION 3. OWNERSHIP

### 3.1 THE OWNER

The Owner is named on page 3 unless the ownership is later changed. All policy rights may be exercised by the Owner, or successor or transferee, without the consent of any revocable beneficiary. These rights may be exercised only during the lifetime of the Insured. If the owner dies before the Insured, the Owner's estate, unless otherwise provided, shall become the Owner.

### 3.2 TRANSFER OF OWNERSHIP

The Owner may transfer the ownership of this policy. Written evidence of transfer satisfactory to us must be received at our Home Office. The transfer will then be effective as of the date it was signed.

### 3.3 ASSIGNMENT

The Owner may assign this policy. We assume no responsibility for the validity of any assignment of this policy. We will not be responsible to any assignee for any payment or other action taken by us before receipt in writing at our Home Office of the assignment.

## SECTION 4. PREMIUMS, REINSTATEMENT, AND RENEWAL

### 4.1 PLACE AND TIME OF PAYMENT

All premiums may be paid either at our Home Office or to one of our authorized agents upon delivery of a receipt signed by one of our officers. Each premium must be paid on or before its due date.

### 4.2 FREQUENCY OF PAYMENT

Premiums may be paid annually, semiannually, quarterly, or monthly at our published rates on the Policy Date. A change in frequency is effective upon our acceptance of the premium for the new frequency.

### 4.3 AMOUNT OF PAYMENT

The premium payable during each policy year will be equal to the Total Premium shown on page 3.

### 4.4 GRACE PERIOD

A thirty-one day grace period will be allowed for payment of a premium not paid on its due date except the first. During this period, this policy will continue in full force. If the Insured dies during the grace period, any unpaid premium will be paid from the proceeds of this policy. If not paid within the grace period, this policy will terminate.

### 4.5 PREMIUM REFUND AT DEATH

We will refund, as part of the policy proceeds, that portion of any premium paid for a period beyond the date of the Insured's death. If this part of a premium is not refunded within a reasonable period of time after proof of

death has been furnished to us, then interest will be paid on the proceeds at a rate of 8% per year. A “reasonable period of time” shall be that period of time sufficient to: a) complete an investigation of the cause of death ; and b) process the necessary claims. In no case shall it exceed 30 days from the date proof of death has been furnished to us. Premium refunds which are not made within 30 days after proof of death has been furnished to us shall accrue interest from the date of the insured’s death.

#### 4.6 REINSTATEMENT

This policy may be reinstated within five years after the due date of any unpaid premium.

Reinstatement is subject to:

1. evidence of insurability satisfactory to us; and
2. payment of all past due premiums with interest from the due date of each premium.

Interest payable will be at an annual effective rate of 6%.

For reinstated policies, the contestable and suicide time periods of this policy are measured from the effective date of reinstatement.

#### 4.7 RENEWAL

This policy will automatically renew each year on the anniversary of the Policy Date if the premiums have been paid. It will renew without evidence of insurability. The last renewal year will begin one year before the Final Expiration Date shown on page 3.

### SECTION 5. PAYMENT OF POLICY BENEFITS

#### 5.1 METHOD OF PAYMENT

Policy benefits will be paid in one sum or under an elected payment plan. Benefits of less than \$2,500 may not be applied under any payment plan. The plans available are listed in the next section.

If any proceeds payable upon death of the insured are not paid within a reasonable period of time after proof of death has been furnished to us, then interest will be paid on the proceeds at a rate of 8% per year. A “reasonable period of time” shall be that period of time sufficient to: a) complete an investigation of the cause of death; and b) process the necessary claims. In no case shall it exceed 30 days from the date proof of death has been furnished to us. Proceeds which are not paid within 30 days after proof of death has been furnished to us shall accrue interest from the date of the insured’s death.

#### 5.2 PAYMENT PLANS

- a. Installments of a Specified Amount (Option 1). Payment will be made in equal monthly installments of a specified amount. They will continue until the benefits with interest are paid. The final payment will not be more than the unpaid balance.
- b. Installments of a Specified Period (Option 2). Payment will be made in equal monthly installments over a period of 1 to 30 years. Table 1 shows the amount of each installment for each \$1,000 of benefits.

TABLE I

Years*	Monthly Payment	Years*	Monthly Payment
1	\$84.28	10	\$9.39
2	42.66	15	6.64
3	28.79	20	5.27
4	21.86	25	4.46
5	17.70	30	3.93

\* other years available on request.

- c. Life Income for a Certain Period (Option 3). Payment will be made in equal monthly installments for a selected certain period. This period may be for 10, 15, or 20 years. They will continue to be made past this period as long as the payee is alive. Table 2 shows the amount of each payment for each \$1,000 of benefits. They are based on the age last birthday and sex of the payee at the time payments begin. If the payee's age is misstated appropriate changes will be made in the remaining payments. We reserve the right to require proof that a payee is living on any payment due date.

		TABLE II		
AGE*		CERTAIN PERIOD		
Male	Female	10 Years	15 Years	20 Years
50	55	\$4.42	\$4.29	\$4.12
51	56	4.50	4.37	4.18
52	57	4.60	4.40	4.24
53	58	4.69	4.52	4.30
54	59	4.79	4.60	4.36
55	60	4.90	4.69	4.41
56	61	5.01	4.77	4.47
57	62	5.12	4.86	4.53
58	63	5.23	4.94	4.59
59	64	5.35	5.03	4.64
60	65	5.48	5.12	4.70
61	66	5.61	5.21	4.75
62	67	5.74	5.30	4.80
63	68	5.87	5.39	4.85
64	69	6.01	5.48	4.90
65	70	6.16	5.56	4.94
66	71	6.30	5.65	4.98
67	72	6.45	5.73	5.02
68	73	6.60	5.82	5.05
69	74	6.76	5.90	5.09
70	75	6.91	5.97	5.12
71	76	7.07	6.05	5.14
72	77	7.23	6.12	5.17
73	78	7.38	6.18	5.19
74	79	7.54	6.24	5.20
75	80	7.69	6.30	5.22

\* other ages available on request.

- d. Interest Income (Option 4). We will hold the benefits for an agreed upon period. During this period we will make monthly interest payments of \$2.06 for each \$1,000 of benefits held by us. All but not part of the benefits may be withdrawn at any time prior to the end of the agreed period.

### 5.3 PAYMENT PLAN ELECTIONS

- a. Right to Elect Payment Plans. A request for a payment plan must be in writing. They may be elected by:
- (1) The Owner during the lifetime of the Insured.
  - (2) a primary or contingent beneficiary to whom benefits become payable, if no election is in effect on the date of death of the Insured.

After a payment plan is effective it cannot be changed.

Effective Date. A plan elected before the benefits are payable will be effective on the date they become payable. If elected after that time it will be effective when we receive the request for the election at our Home Office.

The first payment under Options 1, 2 and 3 is due on the date the plan becomes effective. Under Option 4 interest will be calculated from that date with the first payment due 1 month after the plan becomes effective.

c. Amount and Period Limits.

If monthly payments are less than \$10 we may change the frequency of payments to bring the amount of each payment up to at least \$10. Under Options 1, 2, and 4 no election will be for a period longer than 30 years.

d. Payment Frequency. Instead of monthly payments a quarterly, semiannual or annual frequency may be elected.

5.4 PAYMENT PLAN RATES

Benefits will earn interest at an annual effective rate of not less than 2 1/2%. One year after the plan becomes effective and every year after that this rate may be increased upon approval of our Board of Directors. Under Option 3 no interest in excess of 2 1/2% will be paid after all the installments for the selected certain period have been paid.

5.5 PAYEES

a. Death Benefit. This benefit will be paid to the designated beneficiaries. If any beneficiary dies before the Insured, the interest of that beneficiary will be paid to the Owner or the Owner's estate unless otherwise requested.

b. Assignment. The interest of any payee will be subject to any assignment regardless of when the assignment is made.

5.6 CLAIMS OF CREDITORS

So far as permitted by law, no amount payable under this policy will be subject to the claims of creditors of any payee.

SECTION 6. BENEFICIARIES

6.1 DESIGNATION AND CHANGE

a. By Owner. During the lifetime of the Insured, the Owner may designate and change the beneficiaries to receive death benefits. Designations and changes are subject to the rights of any assignee.

b. Effective Date. Any designation or change of beneficiary will be made upon receipt at our Home Office of a written request satisfactory to us. The request will take effect as of the date it was signed. We will not be responsible for any payment or other action taken by us before receipt of the request.

c. Transfer of Ownership. A transfer of ownership of itself will not change the interest of any beneficiary.

6.2 DEATH OF PAYEE UNDER PAYMENT PLANS

If the payee dies before receiving the benefits stated under the payment plan elected we will make a one sum payment to the estate of the payee unless other arrangements have been made in the election. The amount of this payment will be as follows:

a. Under Option 1, 2, or 3 it will be the present value at an annual effective rate of 2 1/2% of any unpaid installments. Under Option 3 this only applies to the unpaid installments for the selected certain period.

b. Under Option 4 it will be the unpaid benefits and any accrued interest.

**TERM LIFE INSURANCE POLICY**  
issued by  
**UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY**  
whose Home Office address is  
7045 College Boulevard  
Overland Park, Kansas 66211-1523

**Life Insurance Amount Payable at Death of Insured.**  
**Premiums Payable for Stated Period.**  
**Convertible.**  
**No Dividends.**  
**Schedule of Premiums and Life Insurance Amount on Page 3**  
**Non-Participating.**

**INSURANCE SCHEDULE  
TERM LIFE INSURANCE**

POLICY NUMBER:	L100000	SEX:	MALE
INSURED:	JOHN DOE	ISSUE AGE:	35
OWNER:	JOHN DOE		STANDARD
BENEFICIARY:	JANE DOE		
POLICY DATE	JULY 01, 2008	ISSUE DATE:	JULY 1, 2008
FINAL EXPIRATION		FINAL CONVERSION	
	DATE: JULY 01, 2068		DATE: JULY 19, 2038

RIDERS: NONE

LIFE INSURANCE TERM: EZ-TERM 10 YEAR LEVEL

**PREMIUM  
FOR**

POLICY YEAR	LIFE INSURANCE AMOUNT	TOTAL PREMIUM	LIFE INSURANCE AMOUNT
1	\$319.00	\$319.00	\$100,000
2	319.00	319.00	100,000
3	319.00	319.00	100,000
4	319.00	319.00	100,000
5	319.00	319.00	100,000
6	319.00	319.00	100,000
7	319.00	319.00	100,000
8	319.00	319.00	100,000
9	319.00	319.00	100,000
10	319.00	319.00	100,000
11	1,030.00	1,030.00	100,000
12	1,121.00	1,121.00	100,000
13	1,198.00	1,198.00	100,000
14	1,257.00	1,257.00	100,000
15	1,334.00	1,334.00	100,000
16	1,429.00	1,429.00	100,000
17	1,551.00	1,551.00	100,000
18	1,705.00	1,705.00	100,000
19	1,884.00	1,884.00	100,000
20	2,101.00	2,101.00	100,000
21	2,342.00	2,342.00	100,000
22	2,601.00	2,601.00	100,000
23	2,843.00	2,843.00	100,000
24	3,081.00	3,081.00	100,000
25	3,357.00	3,357.00	100,000
26	3,700.00	3,700.00	100,000
27	4,117.00	4,117.00	100,000
28	4,603.00	4,603.00	100,000
29	5,125.00	5,125.00	100,000
30	5,674.00	5,674.00	100,000

POLICY YEAR	LIFE INSURANCE AMOUNT	TOTAL PREMIUM	LIFE INSURANCE AMOUNT
31	\$6,238.00	\$6,238.00	\$100,000
32	6,805.00	6,805.00	100,000
33	7,396.00	7,396.00	100,000
34	8,019.00	8,019.00	100,000
35	8,702.00	8,702.00	100,000
36	9,489.00	9,489.00	100,000
37	10,459.00	10,459.00	100,000
38	11,589.00	11,589.00	100,000
39	12,772.00	12,772.00	100,000
40	14,046.00	14,046.00	100,000
41	15,443.00	15,443.00	100,000
42	17,014.00	17,014.00	100,000
43	18,845.00	18,845.00	100,000
44	20,962.00	20,962.00	100,000
45	23,328.00	23,328.00	100,000
46	25,967.00	25,967.00	100,000
47	28,830.00	28,830.00	100,000
48	31,847.00	31,847.00	100,000
49	35,137.00	35,137.00	100,000
50	38,802.00	38,802.00	100,000
51	42,886.00	42,886.00	100,000
52	47,370.00	47,370.00	100,000
53	52,207.00	52,207.00	100,000
54	57,341.00	57,341.00	100,000
55	62,721.00	62,721.00	100,000
56	68,058.00	68,058.00	100,000
57	73,305.00	73,305.00	100,000
58	78,789.00	78,789.00	100,000
59	84,571.00	84,571.00	100,000
60	90,661.00	90,661.00	100,000

**INSURANCE SCHEDULE  
TERM LIFE INSURANCE**

POLICY NUMBER:	L100000	SEX:	MALE
INSURED:	JOHN DOE	ISSUE AGE:	35
OWNER:	JOHN DOE		STANDARD
BENEFICIARY:	JANE DOE		
POLICY DATE	JULY 01, 2008	ISSUE DATE:	JULY 1, 2008
FINAL EXPIRATION		FINAL CONVERSION	
	DATE: JULY 01, 2068		DATE: JULY 19, 2038

RIDERS: NONE

LIFE INSURANCE TERM: EZ-TERM 20 YEAR LEVEL  
**PREMIUM  
FOR**

POLICY YEAR	LIFE INSURANCE AMOUNT	TOTAL PREMIUM	LIFE INSURANCE AMOUNT
1	\$381.00	\$381.00	\$100,000
2	381.00	381.00	100,000
3	381.00	381.00	100,000
4	381.00	381.00	100,000
5	381.00	381.00	100,000
6	381.00	381.00	100,000
7	381.00	381.00	100,000
8	381.00	381.00	100,000
9	381.00	381.00	100,000
10	381.00	381.00	100,000
11	381.00	381.00	100,000
12	381.00	381.00	100,000
13	381.00	381.00	100,000
14	381.00	381.00	100,000
15	381.00	381.00	100,000
16	381.00	381.00	100,000
17	381.00	381.00	100,000
18	381.00	381.00	100,000
19	381.00	381.00	100,000
20	381.00	381.00	100,000
21	2,342.00	2,342.00	100,000
22	2,601.00	2,601.00	100,000
23	2,843.00	2,843.00	100,000
24	3,081.00	3,081.00	100,000
25	3,357.00	3,357.00	100,000
26	3,700.00	3,700.00	100,000
27	4,117.00	4,117.00	100,000
28	4,603.00	4,603.00	100,000
29	5,125.00	5,125.00	100,000
30	5,674.00	5,674.00	100,000

POLICY YEAR	LIFE INSURANCE AMOUNT	TOTAL PREMIUM	LIFE INSURANCE AMOUNT
31	\$6,238.00	\$6,238.00	\$100,000
32	6,805.00	6,805.00	100,000
33	7,396.00	7,396.00	100,000
34	8,019.00	8,019.00	100,000
35	8,702.00	8,702.00	100,000
36	9,489.00	9,489.00	100,000
37	10,459.00	10,459.00	100,000
38	11,589.00	11,589.00	100,000
39	12,772.00	12,772.00	100,000
40	14,046.00	14,046.00	100,000
41	15,443.00	15,443.00	100,000
42	17,014.00	17,014.00	100,000
43	18,845.00	18,845.00	100,000
44	20,962.00	20,962.00	100,000
45	23,328.00	23,328.00	100,000
46	25,967.00	25,967.00	100,000
47	28,830.00	28,830.00	100,000
48	31,847.00	31,847.00	100,000
49	35,137.00	35,137.00	100,000
50	38,802.00	38,802.00	100,000
51	42,886.00	42,886.00	100,000
52	47,370.00	47,370.00	100,000
53	52,207.00	52,207.00	100,000
54	57,341.00	57,341.00	100,000
55	62,721.00	62,721.00	100,000
56	68,058.00	68,058.00	100,000
57	73,305.00	73,305.00	100,000
58	78,789.00	78,789.00	100,000
59	84,571.00	84,571.00	100,000
60	90,661.00	90,661.00	100,000

**INSURANCE SCHEDULE  
TERM LIFE INSURANCE**

POLICY NUMBER:	L100000	SEX:	MALE
INSURED:	JOHN DOE	ISSUE AGE:	35
OWNER:	JOHN DOE		STANDARD
BENEFICIARY:	JANE DOE		
POLICY DATE	JULY 01, 2008	ISSUE DATE:	JULY 1, 2008
FINAL EXPIRATION		FINAL CONVERSION	
	DATE: JULY 01, 2068		DATE: JULY 19, 2038

RIDERS: NONE

LIFE INSURANCE TERM: EZ-TERM 30 YEAR LEVEL

**PREMIUM  
FOR**

POLICY YEAR	LIFE INSURANCE AMOUNT	TOTAL PREMIUM	LIFE INSURANCE AMOUNT
1	\$505.00	\$505.00	\$100,000
2	505.00	505.00	100,000
3	505.00	505.00	100,000
4	505.00	505.00	100,000
5	505.00	505.00	100,000
6	505.00	505.00	100,000
7	505.00	505.00	100,000
8	505.00	505.00	100,000
9	505.00	505.00	100,000
10	505.00	505.00	100,000
11	505.00	505.00	100,000
12	505.00	505.00	100,000
13	505.00	505.00	100,000
14	505.00	505.00	100,000
15	505.00	505.00	100,000
16	505.00	505.00	100,000
17	505.00	505.00	100,000
18	505.00	505.00	100,000
19	505.00	505.00	100,000
20	505.00	505.00	100,000
21	505.00	505.00	100,000
22	505.00	505.00	100,000
23	505.00	505.00	100,000
24	505.00	505.00	100,000
25	505.00	505.00	100,000
26	505.00	505.00	100,000
27	505.00	505.00	100,000
28	505.00	505.00	100,000
29	505.00	505.00	100,000
30	505.00	505.00	100,000

POLICY YEAR	LIFE INSURANCE AMOUNT	TOTAL PREMIUM	LIFE INSURANCE AMOUNT
31	\$6,238.00	\$6,238.00	\$100,000
32	6,805.00	6,805.00	100,000
33	7,396.00	7,396.00	100,000
34	8,019.00	8,019.00	100,000
35	8,702.00	8,702.00	100,000
36	9,489.00	9,489.00	100,000
37	10,459.00	10,459.00	100,000
38	11,589.00	11,589.00	100,000
39	12,772.00	12,772.00	100,000
40	14,046.00	14,046.00	100,000
41	15,443.00	15,443.00	100,000
42	17,014.00	17,014.00	100,000
43	18,845.00	18,845.00	100,000
44	20,962.00	20,962.00	100,000
45	23,328.00	23,328.00	100,000
46	25,967.00	25,967.00	100,000
47	28,830.00	28,830.00	100,000
48	31,847.00	31,847.00	100,000
49	35,137.00	35,137.00	100,000
50	38,802.00	38,802.00	100,000
51	42,886.00	42,886.00	100,000
52	47,370.00	47,370.00	100,000
53	52,207.00	52,207.00	100,000
54	57,341.00	57,341.00	100,000
55	62,721.00	62,721.00	100,000
56	68,058.00	68,058.00	100,000
57	73,305.00	73,305.00	100,000
58	78,789.00	78,789.00	100,000
59	84,571.00	84,571.00	100,000
60	90,661.00	90,661.00	100,000

**INSURANCE SCHEDULE  
TERM LIFE INSURANCE**

POLICY NUMBER:	L100000	SEX:	MALE
INSURED:	JOHN DOE	ISSUE AGE:	35
OWNER:	JOHN DOE		STANDARD
BENEFICIARY:	JANE DOE		
POLICY DATE	JULY 01, 2008	ISSUE DATE:	JULY 1, 2008
FINAL EXPIRATION		FINAL CONVERSION	
	DATE: JULY 01, 2068		DATE: JULY 19, 2038

RIDERS: NONE

LIFE INSURANCE TERM: EZ-TERM ANNUAL RENEWABLE TERM

**PREMIUM  
FOR**

POLICY YEAR	LIFE INSURANCE AMOUNT	TOTAL PREMIUM	LIFE INSURANCE AMOUNT
1	\$252.00	\$252.00	\$100,000
2	253.00	253.00	100,000
3	254.00	254.00	100,000
4	277.00	277.00	100,000
5	312.00	312.00	100,000
6	347.00	347.00	100,000
7	385.00	385.00	100,000
8	426.00	426.00	100,000
9	481.00	481.00	100,000
10	544.00	544.00	100,000
11	1,030.00	1,030.00	100,000
12	1,121.00	1,121.00	100,000
13	1,198.00	1,198.00	100,000
14	1,257.00	1,257.00	100,000
15	1,334.00	1,334.00	100,000
16	1,429.00	1,429.00	100,000
17	1,551.00	1,551.00	100,000
18	1,705.00	1,705.00	100,000
19	1,884.00	1,884.00	100,000
20	2,101.00	2,101.00	100,000
21	2,342.00	2,342.00	100,000
22	2,601.00	2,601.00	100,000
23	2,843.00	2,843.00	100,000
24	3,081.00	3,081.00	100,000
25	3,357.00	3,357.00	100,000
26	3,700.00	3,700.00	100,000
27	4,117.00	4,117.00	100,000
28	4,603.00	4,603.00	100,000
29	5,125.00	5,125.00	100,000
30	5,674.00	5,674.00	100,000

POLICY YEAR	LIFE INSURANCE AMOUNT	TOTAL PREMIUM	LIFE INSURANCE AMOUNT
31	\$6,238.00	\$6,238.00	\$100,000
32	6,805.00	6,805.00	100,000
33	7,396.00	7,396.00	100,000
34	8,019.00	8,019.00	100,000
35	8,702.00	8,702.00	100,000
36	9,489.00	9,489.00	100,000
37	10,459.00	10,459.00	100,000
38	11,589.00	11,589.00	100,000
39	12,772.00	12,772.00	100,000
40	14,046.00	14,046.00	100,000
41	15,443.00	15,443.00	100,000
42	17,014.00	17,014.00	100,000
43	18,845.00	18,845.00	100,000
44	20,962.00	20,962.00	100,000
45	23,328.00	23,328.00	100,000
46	25,967.00	25,967.00	100,000
47	28,830.00	28,830.00	100,000
48	31,847.00	31,847.00	100,000
49	35,137.00	35,137.00	100,000
50	38,802.00	38,802.00	100,000
51	42,886.00	42,886.00	100,000
52	47,370.00	47,370.00	100,000
53	52,207.00	52,207.00	100,000
54	57,341.00	57,341.00	100,000
55	62,721.00	62,721.00	100,000
56	68,058.00	68,058.00	100,000
57	73,305.00	73,305.00	100,000
58	78,789.00	78,789.00	100,000
59	84,571.00	84,571.00	100,000
60	90,661.00	90,661.00	100,000

*SERFF Tracking Number:*      *ZURC-125708481*      *State:*      *Arkansas*  
*Filing Company:*      *Universal Underwriters Life Insurance Company* *State Tracking Number:*      *39491*  
*Company Tracking Number:*  
*TOI:*      *L04I Individual Life - Term*      *Sub-TOI:*      *L04I.103 Renewable - Single Life -*  
*Fixed/Indeterminate Premium*  
*Product Name:*      *EZ Term*  
*Project Name/Number:*      *EZ Term/*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125708481 State: Arkansas  
Filing Company: Universal Underwriters Life Insurance Company State Tracking Number: 39491  
Company Tracking Number:  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: EZ Term  
Project Name/Number: EZ Term/

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 06/24/2008

#### Comments:

#### Attachments:

Readability\_Cert\_AR.pdf

Cert\_of\_Rule\_19\_49.pdf

### Review Status:

**Satisfied -Name:** Application 06/24/2008

#### Comments:

This is a new application to be used for minimally underwritten coverage. This application will be taken over the phone. This application does not replace the existing application B13150GA approved by your department.

#### Attachment:

JET\_APP\_01 (bracketed).pdf

### Review Status:

**Satisfied -Name:** Cover letter 07/01/2008

#### Comments:

#### Attachment:

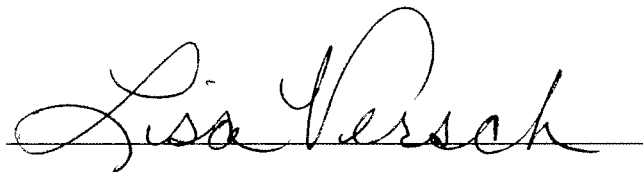
AR\_EZT\_Cover\_ltr.pdf

## Certificate of Readability

Universal Underwriters Life Insurance Company, does hereby certify that the accompanying forms identified by the listing below, have the scores listed, which were calculated using the Flesch Reading Ease Test and are readable under the standards of said test.

<u>Form</u>	<u>Combined Score</u>
ETGRAR	50.6
JET APP-01	58

Signature:

A handwritten signature in cursive script, appearing to read "Lisa Versch", written over a horizontal line.

Date: 07/01/2008

Lisa Versch, Assistant Secretary

## **CERTIFICATION**

This is to certify that Universal Underwriters Life Insurance Company is in compliance with Rule and Regulation 19, UNFAIR SEX DISCRIMINATION IN THE SALES OF INSURANCE, and Rule and Regulation 49, LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION NOTICE.

Signature: \_\_\_\_\_

A handwritten signature in cursive script, reading "Lisa Versch", written over a horizontal line.

Date: 07/01/2008

Lisa Versch, Assistant Secretary

# Life Insurance Application

## Universal Underwriters Life Insurance Company

7045 College Boulevard

Overland Park, Kansas 66211-1523

1-888-634-6780

### Part A: General Information

#### Proposed Insured

Full Name \_\_\_\_\_ Birthplace (state or country) \_\_\_\_\_  
Street \_\_\_\_\_ How long have you been a United States resident? \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Driver's license number & state \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Social Security number - - - - - Employer \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer's street address \_\_\_\_\_  
Current annual earned income: \$ \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
☐ Male ☐ Female D.O.B. / / Marital Status \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
What is your height? \_\_\_\_\_ Weight? \_\_\_\_\_ Date of Employment \_\_\_\_\_

#### Present life insurance

Company	Amount	Date Issued	— Purpose —	
			Personal	Business
a. _____				
b. _____				
c. _____				

Are there life insurance applications pending with any other companies? ☐ Yes ☐ No  
Is this policy to replace any existing life insurance or annuity? ☐ Yes ☐ No  
If yes, indicate which policy(s) and the policy numbers: \_\_\_\_\_

#### New insurance plan

Plan name \_\_\_\_\_ Initial Death Benefit (Specified Amount if UL) \$ \_\_\_\_\_  
Planned Periodic Premium (UL Plans only) \$ \_\_\_\_\_  
If Universal Life (If neither is selected, Option A will be assigned:) ☐ Option A: Specified Amount includes cash value  
☐ Option B: Specified Amount plus cash value

#### Riders:

Waiver of Premium ☐ Yes ☐ No Other \_\_\_\_\_  
Child Rider (use for Dependent Children's Riders) (available ages 15 days through 18 years) ☐ Yes ☐ No

Have you ever used tobacco in any form? ☐ Yes ☐ No Date of last use \_\_\_\_\_  
Type of tobacco: \_\_\_\_\_ Amount: \_\_\_\_\_

Payment Method: ☐ ACH ☐ Credit Card ☐ Other \_\_\_\_\_  
Bill: ☐ Annual, ☐ Semi-Annual, ☐ Quarterly, ☐ Monthly  
Send premium notices and all other correspondence to: ☐ Residence ☐ Other \_\_\_\_\_

#### Beneficiary information

Primary\* \_\_\_\_\_ % of proceeds \_\_\_\_\_ Relationship \_\_\_\_\_  
Contingent\* \_\_\_\_\_ % of proceeds \_\_\_\_\_ Relationship \_\_\_\_\_  
\*If trust, give name/date of trust

#### Owner / Applicant

(Complete only if other than person to be insured)

Name \_\_\_\_\_ Relationship to person being insured \_\_\_\_\_  
Street \_\_\_\_\_ Social Security or Tax ID # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Part A (continued)

1. In the past five years have you, *or* do you intend to engage in piloting an aircraft, motor vehicle racing, SCUBA diving, hang gliding, parachuting, or mountain climbing? ☐ Yes ☐ No
2. Have you ever been convicted of reckless driving, or driving under the influence of alcohol or drugs, or had your license suspended? ☐ Yes ☐ No
3. Have you ever used drugs or any other controlled substance, except as prescribed by a physician or been advised to seek counseling for alcohol or drug abuse. ☐ Yes ☐ No
4. Have you ever had or been treated for or been advised by a member of the medical profession to seek treatment for: chest pain, high blood pressure, stroke, diabetes, cancer, a disease or disorder of the heart, lungs, digestive or genitourinary systems; or a mental or nervous disorder? ☐ Yes ☐ No
5. Have you ever been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or the Human Immunodeficiency Virus (HIV) infection or had a positive HIV test? ☐ Yes ☐ No
6. Have you ever been refused life insurance or been asked to pay an extra premium for life insurance? ☐ Yes ☐ No
7. Are you currently taking or have you been advised to take any medication? ☐ Yes ☐ No

**WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

**Part B: Agreement/Authorization to obtain and Disclose Information**

I (we) hereby acknowledge that all the questions and answers in the application, including all required parts, have been read to me. With a complete understanding of the questions, all the responses are true and complete to the best of my (our) knowledge and belief. I (we) promise to tell the Company of any change in the health or habits of the Proposed Insured that occurs after completing this application, but before the Policy is delivered to me (us) and the first premium is paid.

I (we) agree:

1. This application, including all of its parts, will be the basis for and form part of the Policy;
2. An Agent has no authority to alter the Company's rules or requirements, the Agreement, the Receipt, or the Policy;
3. The first premium will not be deemed paid unless any check, draft, or other instrument of payment (given as premium) is paid in accordance with its terms;
4. The insurance applied for never takes effect unless, during the lifetime of the Proposed Insured: (a) the Policy has been issued, and accepted by me (us); (b) the required first premium has been paid; (c) any amendments issued with the Policy have been completed and signed; all while the health and habits of the Proposed Insured remain as stated in this application.
5. In those states where required by state regulations, the Company will notify the prospective insured within (60) days of the application as to whether or not the application has been accepted or rejected or will give the reason for further delay.

Amendments to plan, amounts, classification or benefits will be made only with my (our) consent.

I (we) have been read the notification about the Medical Information Bureau and have consented to an inquiry.

Signed at \_\_\_\_\_  
City and State

X  
Signature of Proposed Insured/Signature of Parent or Guardian (if proposed Insured is a minor)

on \_\_\_\_\_  
Month/day/year

X  
Signature of Owner/Applicant, if other than Proposed Insured

X  
Signature of Agent/Witness

Print Agent name

Agent License Number



Arkansas Insurance Department  
1200 West 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

Reference **Universal Underwriters Life Insurance Company**  
**NAIC #212-70173**

Date **June 30, 2008**

Dear Commissioner:

Zurich Universal Underwriters Life Insurance Company wishes to file the following forms for your approval:

7045 College Blvd  
Overland Park, Kansas  
66211-1523

Telephone: (913) 339-1000

Toll Free: (800) 821-7803

[www.zurichna.com/zdu](http://www.zurichna.com/zdu)

[ute.luedtke-ahrens@zuichna.com](mailto:ute.luedtke-ahrens@zuichna.com)

Form No.	Title	Flesch Score
JET APP – 01	Life Insurance Application	58
ETGRAR	Term Life Insurance policy	50.6

Form JET APP – 01 is a new application. This application was designed to be taken telephonically and will be signed by a digital signature. We wish to file this application bracketed to include an insured's tobacco habits, and question 6 and 7 on page two of the application. This application does not replace the existing application B13150GA approved by your department.

Form ETGRAR was initially filed and approved by the state of Arkansas on 9/06/2001. We want to continue to use this form as approved and expand its use for an Annual Renewable Term and a Level Term ( for 10, 20 and 30 years) product using composite rates. Minor changes have been made to the cover page by adding the company's location and toll free phone number.

Provision 1.1 LIFE INSURANCE BENEFIT, a., was changed to:

Life Insurance Amount. We agree, subject to the terms and conditions of this policy, to pay the Life Insurance Amount for the policy year in which death occurs, as shown on page 3. Receipt of due proof of death and the surrender of the policy at our Home Office constitutes a claim for this benefit.



We will continue to use all previously approved riders with form number ETGRAR. For your reference we are enclosing our Actuarial Memorandum including premium rates.

Since this policy uses guaranteed premiums only, it will be marketed without illustrations.

This filing is sent through SERFF and the filing fee of \$50.00 is submitted via EFT.

Thank you for your consideration of our filing. Please do not hesitate to contact me with any questions.

Sincerely,

Zurich

A handwritten signature in black ink, appearing to read 'Ute Luedtke-Ahrens', written over the printed name.

Ute Luedtke-Ahrens  
Product Development Consultant